Inside

RAA Board - 2014-2015 plans

Case study: Hand Reflexology & Traumatic Brain Injury

Case study on Post Traumatic Stress

Reprint of article: Dr. Marc Piquemal

Business guidance
Girls Don’t Ride Motorbikes

A Spiritual Adventure Into Life’s Labyrinth has been praised as “Life-changing“ and “The best book you’ll ever read.“

Embrace a spiritual adventure together with Israeli-certified Holistic Reflexologist Dorit Brauer, as she travels solo on her motorcycle across the U.S. to walk labyrinths. Dorit recounts poetic stories spanning her youth in Germany, backpacking in Brazil, to her Holistic Medicine studies in Israel, while weaving mesmerizing spiritual encounters.

Order and read book reviews at:

www.doritbrauer.com

Also on Kindle and Amazon Europe

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Reflexology Across America

Ray of Hope Educational Services, LLC,

d/b/a

RAY OF HOPE ACADEMY

634 Main Street, Belgium, WI 53004

Instructor - Lila M. Mueller, CRR, ART (Regd), NBCR with invited instructors for ancillary classes

Ray of Hope Academy opened in January, 2014, in Belgium, WI. Reflexology and other Natural Therapies are taught at this new Training Clinic. The Academy has partnered with Bryan Stratton College for additional studies in the area of Anatomy and Physiology for 3 college credits. Training consists of a minimum of 352+ contact hours (actual face time with an instructor). Therapeutic Reflexology - A Step by Step Guide to Professional Competence by Paula S. Stone is the main text being taught with ancillary therapy classes added. See website for details.

www.rayofhopereflexology.com

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ACARET ACCREDITED REFLEXOLOGY EDUCATORS (AAEd) & AAEd’s with Accredited Reflexology Curriculum (AARC)

ACARET acknowledges:

AAEd Educators in America who have achieved teacher accreditation.

AARC Accredited Curricula from those AAEd’s whose reflexology certification program has met or exceeded the new standardized 300-hour curriculum criteria.

American Commission for Accreditation of Reflexology Education & Training

www.ACARET.org

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For full contact information, see the AAEd Directory at www.acaret.org
President’s Message
Brenda Makowsky

Due to the length of our President’s message in this issue, I have taken the liberty of moving it to a different page. Please see Brenda’s message on pages 6 and 7.

2014 - 2015 Board members

Brenda Makowsky  Karen Ball
Mia Earl  Jan Benson
Lila Mueller  Mary Reimann

RAA’s Mission Statement

The Reflexology Association of America is a non-profit organization that promotes the scientific and professional advancement of reflexology. Our mission is to elevate and standardize the quality of reflexology services available to the public. The Reflexology Association of America works to unify and support state reflexology associations in order to create one national movement toward greater excellence, integrity, research and public safety.

RAA’s Definition

Reflexology is a non-invasive complementary practice involving the use of alternating pressure applied to the reflexes within the reflex maps of the body located on the feet, hands and outer ears. (RAA 2006).
# Reflexology Across America

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This is the quarterly news magazine of the Reflexology Association of America. The material contained in this publication is educational in nature and not intended as medical advice or treatment. The views of the authors are not necessarily the views of the editor or the RAA Board of Directors.

Submissions of original articles and photographs are encouraged and each will be considered for publication if space permits. We accept advertisements. We reserve the right to edit and/or refuse to print any material (articles or advertisements) submitted.

Permission is granted to reprint articles with the acknowledgement: **This article is reprinted or copied with permission of the Reflexology Association of America** followed by the date of the issue.

**Affiliated** states receive one black and white, quarter page ad for free. **Unaffiliated** states may list events they are hosting at no cost, however, ads must be purchased.

## Front cover

**Past to Present New York Style**

A modern day depiction of the ancient Egyptian wall painting found in the tomb of physician, Ankhmahor, at Saqqara with Lynn Levy, Birgit Nagele, Carol Schwartz and Patricia Sanzone. The Egyptian pictograph is believed to be dated around 2,330 B.C.

Photographer: Louise Ng. August 12, 2013

## Deadline Dates

February 20 ............... Spring  
May 20 .................. Summer  
August 20 ........................ Fall  
November 20 ...... Winter

## Send ads to:

infoRAA@reflexology-usa.org

## Send articles to:

RAAMagazineEditor@reflexology-usa.org

## Magazine Committee:

Editor/Layout:  
Claire Guy  
Administrative/Research:  
Nancy Bartlett

Resource Guide:  
Darlene QuirinMai  
Board Profiles:  
Lynn Watson  
Proofreaders:  
Gayle Brezack / Mary Reimann / Kim Jenner

## Administrative Office

P.O. Box 714  
Chepachet, RI 02814  
980-234-0159  
www.reflexology-usa.org  
inforaa@reflexology-usa.org
Dear Readership,

Oh, you mean summer is over!? For those of us who live in the northern clime, summer is always too short. We now look forward to the gorgeous fall colors. Even on my walk today, with grasses preparing for winter, the reds, browns and yellows against the variety of greens are scrumptious.

Did you know that October 17 is “Get to Know Your Customers Day?” As reflexologists, we are in a services business. Every day must be Get to Know Your Customers Day! Without customers, we are out of business. I would ask that each day we become mindful, with each customer/client, of how we can get to know this person better. It is not up to the client to make our lives better. It is our responsibility to make our client’s life better.

In this edition of Reflexology Across America, we mourn the loss of a great researcher, Dr. Piquemal. Find one of the articles we published in the 2010 conference book. Also read two noteworthy case studies. We appreciate Karen Ball for encouraging her students and graduates to conduct case studies. This helps us all learn and appreciate the art of reflexology.

Life is a progression of events. When I became involved with the RAA magazine, I simply wanted to assist the committee. Before long, I stepped up as editor, as the position had become open. We step up when we are asked and sometimes before we are asked. This is how we learn; this is how we gain experience. Yoda’s words are wise ones. I strongly encourage more of our readership to send in a write up of what is happening in your businesses, in your states. What many of you are sharing on social media, please send on to the editor of the publication that supports you in your businesses. Just as you need our help, we need yours.

In good health and blessings,
Claire

Correction: In our last issue, we published two articles from members of the Oregon Reflexology Network. They were on pages 18 and 19. The accompanying logo was incorrect. Our apologies and here is the correct logo for Oregon Reflexology Network.

Did you know
...that the 26 bones in your feet make up 1/4 of the bones in your body?
...that the average human brain contains 78% water.
...that your brain uses between 20 to 25% of the oxygen you breathe.
Dear Members,

It has been an honor to serve as RAA’s president during the 2013-2014 fiscal year. So much was accomplished through committee work making wonderful (exciting?) headway for years to come.

Below is a synopsis on what occurred from July 1, 2013 to June 30, 2014:

- **100 additional hours of education for Professional level members** – RAA pioneered the increase in hours to promote a higher standard of education within our Field. The Education Committee worked hard with this effort. There was a year-long communication plan that included five pathways toward obtaining the additional hours of education. Committee members include Amy Kreydin (TX), Kay Payne (MO), Susan Raskin (NY), Janet Stetser (AZ), Val Voner (MA) and chaired by Karen Ball (FL).
- **Upgraded website** – The new website debuted last spring at the RAA Biennial Conference in Santa Fe. The Technology Committee spent hours reviewing and updating all of our site information and updated current information and images. Site navigation is much more intuitive making it easier on members and non-members to access our information. Thank you Opal Knowles (AZ), Nancy Bartlett (RI) and Chair-Karen Ball.
- **The RAA Biennial Conference in Santa Fe** – The Event Committee along with the New Mexico Association of Reflexologists worked tirelessly assisting in the development of a highly attended conference. Thank you to the Event Committee and NMAR.
- **Leadership Education & Organizational Development workshop in Santa Fe** – Bill Flocco and Christine Issel worked for months ahead of time to create the structure and ensured you received quality information to take back to your states. Thank you to our facilitators Bill, Christine and the other panelists: Opal Knowles, Janet Stetser, Julia Dollinger (FL) and Michael Rainone (NY).
- **By-law changes** - The Election Committee assisted in member voting to update the elected term from two to three years, giving the Board time to focus on learning their roles and achieving their committee goals. Thank you to Karen Kirts (MD), Cheryl Burke (NC) and Chair – Mary Reimann (AK).
- **2014-2015 Board Election** – This past election saw the return of Karen Ball (Vice President) and Mia Earl (Treasurer). It also introduced Kim Jenner as our newest Director. Welcome Kim!! Iris Aharonovich (MD) who served on the RAA Board for two years chose not to run for re-election. We enjoyed working with her and hearing her perspectives. Some of Iris’s ideas will come to fruition this coming year. Thank you Iris.
- **Bank Account** – Our savings has grown under our current Treasurer, Mia Earl. The reserves will allow us to offset some powerful leadership training. You will see more transparency on this when we send our Annual Financial Report.
- **Delegate Assembly** - Behind the scenes our Delegate Assembly Liaison, Jan Benson, successfully reached most of the Delegates to listen to their views and find out what it will take to continue growing.

**What do we have in mind for 2014-2015??**

- **Legislative Committee** – (Lila Mueller) Continues its educational efforts with local, state and federal legislators. They need to thoroughly understand the difference between reflexology and massage. Please read pages 10 and 11 to see what many of us have been working on since early summer. We are requesting that the Federation of State Massage Therapy Boards exclude reflexology from their broad umbrella of massage used in their Model Practice Act.
- **Membership committee** – (Jan Benson & Mia Earl) It is time to review our membership levels and corresponding benefits. This committee will research similar minded associations and conduct surveys to figure out better ways to serve YOU.
• Technology committee – (Karen Ball) Is looking into Cloud storage opportunities and setting document retention policies.
• Events committee – (Mary Reimann) Gathering support and engagement to recapture and improve upon what was offered in Santa Fe. This includes the RAA Biennial Conference and leadership workshops
• Public Relations – (Lila Mueller & Karen Ball) Our goal is to build relationships with reflexology schools throughout the US.

IT IS TIME FOR YOU TO BE PART OF YOUR NATIONAL MEMBERSHIP ORGANIZATION

These committees need your participation. We have grown but need your help in keeping with our mission statement of promoting “the scientific and professional advancement of reflexology. The organization’s mission is to elevate and standardize the quality of reflexology services available to the public. The Reflexology Association of America works to unify and support state reflexology associations in order to create one national movement toward greater excellence, integrity, research and public safety.” None of this can happen without YOU. Please take the time to contact the Committee Chairs or the RAA office to get involved: inforaa@reflexology-usa.org

Transitions

At this time the Board of Directors wishes to thank and acknowledge the following individuals for their tremendous efforts in showing RAA professionalism:

Nancy Bartlett is in the process of resigning after 7 years in her role as Administrative Assistant. Nancy served RAA for several years as Director before becoming the face and voice of RAA in her official role as Administrative Assistant. Nancy has touched countless lives and unknowingly started many people on their reflexology career path.

Claire Guy is also in the process of resigning after 4 years in her role as Magazine Editor of Reflexology Across America, improving upon our most treasured vehicle of communication to RAA members. In each issue Claire’s insights and dependability captured the very essence of RAA.

At the time of this writing we are involved in an active search for promising candidates to assume both the Administrative Assistant and Magazine Editor positions.

In closing

If you have not guessed, I will remain the RAA President for the 2014-2015 year. As with all Directors, we remain accessible to you should you have any questions, concerns or comments. RAA leadership is a reflection of our membership and therefore, is nothing without your input.

In gratitude,
Brenda

Being part of an organization – work and fun!
RAA Board of Directors
Thank you for participating in our recent Board elections. We are pleased to announce that Kim Jenner (new), Karen Ball (returning) and Mia Earl (returning) are the first elected to office under the three year term. A big thank you to Cheryl Burke & Karen Kirts who worked on the Election committee.

Announcing your leadership for 2014-2015:
President – Brenda Makowsky (IL)
Vice President – Karen Ball (FL)
Treasurer – Mia Earl (TN)
Recording Secretary – Kim Jenner (MD)
Admin Secretary – Jan Benson (ND)
Director – Lila Mueller (WI)
Director – Mary Reimann (AK)

Committee Chairs
Education – Karen Ball & Lila Mueller
Election – Mary Reimann
Ethics & Grievance – Mia Earl
Events – Mary Reimann
Legislative – Lila Mueller
Membership & Benefits – Jan Benson & Mia Earl
Public Relations – Karen Ball & Lila Mueller
Technology – Karen Ball

To volunteer for one of our committees, please contact the RAA office at inforaa@reflexology-usa.org

Membership Committee
Jan Benson
We had a great response to our membership drive!! I want to thank everyone for maintaining or renewing his or her membership. As this is being written, our TOTAL number of members is over 600. Out of that number there are 565 members at the Professional level, which is the highest it has ever been.

This seems to be a moment in time where we can make a difference. There is strength in numbers. Although we still have a lot of growing to do, we are in a better position than ever to combine our talents to raise public awareness about reflexology, to further develop and improve all of our state associations, to establish achievable goals for each of our committees and continue strengthening communication between the RAA Board and all members with the help of the Delegate Assembly. Just as they say it takes a village to raise a child, it takes members working together to make a great association. John Kennedy’s famous quote also comes to mind and could be stated as “Ask not what your Association can do for you. Ask what you can do for your Association.”

We know that being a member gives everyone a variety of benefits such as:
• Referral listing on our new website
• Receiving a copy of our magazine
• Voting privileges
• Eligibility to be on the RAA Board
• Discounts for the Bi-annual conference and leadership training
• Purchasing liability insurance
• Opportunities to network with reflexologists around the country

I know many, if not all of us, are challenged to find the time and energy to balance everything. However, we are looking for at least 5 interested members that are willing to serve on the membership committee to help conduct member surveys, compare membership benefits across similar organizations, look at potential other items members may suggest. We want to make sure that your membership fee provides you with the benefits that are important to you. Along with the benefits, we must address the costs of the benefits. We need to be realistic about what it costs to run the Association so we are able to continue providing the existing benefits, changing them if needed, and maintaining quality.

How will we do that? We will begin by asking volunteers to help. Once we have at least 3 or 4 members, I will contact each person by phone to start gathering ideas that we can review together to prioritize realistic goals. We will email and call one another and eventually do at least one conference call. It will be a process. Once we set our goal(s) we will set deadlines for meeting them and share them with other members via our magazine. As stated before it will be a process, a continuing one.

Who can volunteer? Anyone interested in making membership a satisfying experience.

Do I have to be a Delegate with the DA? No, you just need to be a RAA member.

How much time will it take? It will be an on-going experience but we will work to do it in blocks of 1 hour. Slow and steady can win the race, so although there is always a tendency to hurry up and get things done, that isn’t the only way of doing things.

If you are interested in being on the membership committee, please email me at jebenson@cableone.net or call my cell phone: 701-361-9644. If I’m not available please leave your name and a call back number.
**Events Committee**
Mary Reimann

If you want to assist in developing the theme, selecting speakers and creating the logo for the 2016 RAA Conference in Anchorage this committee is for you.

Our first meeting is October 19th at 4pm Eastern. Check your local time zone to ensure your meeting time.

Conference Dial-in Number: (424) 203-8400
Participant Access Code: 735708#
Contact Mary with questions at raa.alaskamary@gmail.com

**Technology Committee**
Karen Ball

We have outgrown the filing cabinet!
Excluding the membership data, RAA now has accumulated 20 years of history in the form of photos and information that we need to convert to a better method of storage. We are looking at a couple of Cloud storage systems (and are open to examining others) that will allow multiple users access. We would appreciate the assistance of any of our members that have experience storing a fair amount of data in the cloud and names of the businesses you have used. We will also determine storage guidelines for the future. Please contact Karen Ball at RAAVP@reflexology-usa.org if you are willing to join.

**Be Not Afraid**

An inspiring message Karen Ball shares with her certification students before beginning their first clinics:

**BE NOT AFRAID**

Fear is everywhere – in our culture, in our institutions, in the people with whom we interact, in ourselves – and it cuts us off from everything. Surrounded and invaded by fear, how can we transcend it and reconnect with reality for the sake of healing and learning?...

Fear is so fundamental to the human condition that all the great spiritual traditions originate in an effort to overcome its effects on our lives. With different words, they all proclaim the same core message: “Be not afraid.”

It is important to note with care what that core teaching does and does not say. “Be not afraid” does not say that we should not "have" fears – and if it did, we could dismiss it as an impossible counsel of perfection. Instead, it says that we do not need to "be" our fears, quite a different proposition...

Each time I walk into a room, I can choose the place within myself from which my actions will come, just as I can choose the place within the people toward which my intention will be aimed. I need not act from a fearful place: I can act from curiosity or hope or empathy or honesty, places that are as real within me as are my fears. I can "have" fear, but I need not "be" fear… for there are other places in my inner landscape from which I can speak and touch.

*Adapted from “The Courage to Teach” by Parker J. Palmer*

---

**HAVE YOU MOVED?**

**Changed your telephone number, address, email?**

If you are a professional reflexologist, listed on the RAA website, and your information is not accurate, RAA won’t be able to find you, and even more importantly—CLIENTS can’t! You can make these important changes yourself:

Go to [www.reflexology-usa.org](http://www.reflexology-usa.org)

Hover over **Members** in the Navigation Menu, and click on **Member Login**.

Type in your **Username** and **Password** and click **Login**. **Usernames cannot have any spaces in them**.

Double-click on any fields you need to update. **Edit**. There are some fields that only Admin can change; those will not open for you.

Scroll down to the bottom of the page and click **Save All Changes**.

For more information, contact the RAA Admin Office, infoRAA@reflexology-usa.org or call 980-234-0159.
Reflexologists – if you are not already aware of the differences between our field and massage, I am urging you to take the time to do so NOW. We are at a pivotal time in our history and your voice matters.

Did you know that the Federation of State Massage Therapy Boards (FSMTB) is speaking on our behalf without the authority or education to do so? Under the guise of public protection the FSMTB set out to create a Model Practice Act (MPA) that lumps reflexology and all other touch modalities under one broad umbrella—massage. The MPA is intended to provide a resource to legislatures and massage therapy boards.

The rationale behind MPA includes the following language:

With the selection of the title “Massage Therapy Model Practice Act”, the regulation of Massage Therapy is inclusive of bodywork approaches to professional practice that manipulate soft-tissue or use structured touch. The focus of regulation is upon public protection, primarily consumers receiving massage therapy services, and as such, massage therapy is the term that is used and recognized by a large percentage of the consuming public with near universal recognition. In addition, massage therapy is recognized by the professions, society at large, and it is the most prevalent designation used by states that include the practice of bodywork in regulation. Bodywork methods based on movement or the manipulation of energy where the body is not physically touched, would not be regulated by this Act. However, any practitioner, regardless of the title designation he or she adopts, that uses methods that manipulate soft-tissue and are covered by the Massage Therapy scope of practice, would be subject to the provisions of this Act. Practitioners who manipulate soft-tissue in any way, form, or shape, must hold massage therapy credentials as defined in this Act.

In May of 2014 the initial draft of the MPA was made available for public comment. It was advertised that all interested parties have the opportunity to make remarks on the development of the MPA before completion. Members of ARCB, RAA & ACARET gathered by conference call to discuss our strategic responses. Many of us followed the directions on the Draft Model Act website and responded to the wording in the MPA and requested the removal of reflexology from the Act based on the fact the field has its own national standards that speak to public safety.

In July of 2014 the draft of the MPA was made available again for comment. It was obvious that reflexologists who responded earlier were NOT heard. The original rationale for this “broad umbrella of the Model Act” remained intact.

What are some of the dangers with the Model Practice Act?

1. This ACT as it stands today, if enacted, could wipe out the 34 states with exemptions from massage laws. This leaves only 4 states with their own recognized reflexology law.

2. Reflexologists would need to obtain a massage license to practice reflexology. If everyone understood the differences in our two fields, it makes little sense to study massage first if your only goal is to practice reflexology.

3. Reflexology would lose its growing impact in the US. Our history, terminology and distinction would fade away to that of massage.

Are you asking the question, why is the FSMTB Model Practice Act insisting on including all practitioners who manipulate soft-tissue? Are you outraged by their sense of entitlement?

Here is what you can do:

1. Obtain your national certification from a non-profit, stand-alone entity. Achieving national certification speaks to our field’s desire to commit to public safety.

2. Track legislative efforts in your state. Work with your state legislators and help them to understand the differences between reflexology and massage.

3. Write letters to the FSMTB Board of Directors. Their contact information is available by going to this link: https://www.fsmtb.org/content/?id=48
Editor’s note: Below is a sampling of what information one can include in a letter to FSMTB Board of Directors.

_I feel the draft of the Model Practice Act should be amended to clearly exempt reflexology in writing because...and put in your own reasons or you can choose from this list already put together:_

**The profession of Reflexology has its own:**

History, vocabulary, theories, and techniques separate from any other profession. It works primarily with reflexes through the nervous systems versus the musculature. The effect of Reflexology is seen at a distant from where the pressure is applied; its intent is not to change the soft tissue of the body nor to practice medicine in any form. The intent behind Reflexology is to bring the body into balance through the relaxation process, thus promoting stress reduction and well-being.

Schools and educational programs that far exceed any course taught in massage schools on reflexology,

Professional membership associations at the state, national and international levels;

National certification through an independent, non-profit organization with a psychometrically valid exam;

4 State laws (ND, TN, NH, WA) and 33 exemptions from massage laws;

The AMTA Government Relations Committee strongly recommended in 2003 that reflexology be exempt in proposed legislation citing the following wording: _Persons who restrict their manipulation of the soft tissues of the human body to the hands, feet or ears and do not hold themselves out to be a massage therapist or do massage therapy;_

Over 300 Research studies from around the world to prove the efficacy and safety of Reflexology.

Your response should end with the phrase: _All of the above points demonstrate the uniqueness and independence of the field of reflexology. Therefore we are respectfully requesting clear wording within the document that excludes reflexology from being considered a sub-technique of massage._

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**RAA Affiliates & Delegates**

Each state and unaffiliated states may have 2 delegates.

Make sure your state is well represented. Board Delegate Liaison: Jan Benson (ND)

<table>
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<tr>
<th>State</th>
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<td>Missouri - RAM</td>
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<td>New Mexico — NMAR</td>
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<td>North Carolina - NCR</td>
<td>Toni Wyatt, Cyndi Hill</td>
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<td>Julia Dollinger</td>
<td>Ohio - RAO</td>
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<td>Lydia Bassetti, need 2nd delegate</td>
<td>Oregon - ORN</td>
<td>Marie Louise Penchoen, need 2nd</td>
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<td>Rhode Island - RARI</td>
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<td>Kate Winant, Nancy Butler Smith</td>
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<td>diane Wedge, Shanon Brisson</td>
<td>Unaffiliated States</td>
<td>Lynn Watson (TN), need 2nd delegate</td>
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</tbody>
</table>
We all know that building relationships is a result of traveling a 2-way street. The name of the street is Marketing and you will become quite familiar with the path as you grow your business. At the corner of Marketing Avenue and Profit Drive is a busy traffic spot. It's here where you build relationships with your email LIST.

List Building is the platform to continue conversations with your existing clients and potential clients. Ways to build your list can come from many different sources, not just the opt-in box on your website.

Lists aren’t always used just for emails. If you capture your prospective customer’s email, mailing address and other information, you can use your list for direct mailing of cards, gift certificates and brochures or to gather data for marketing to your ideal client profile (of course, all this with permission-based list building).

Ways to grow your list and continue conversations:

Website: The Opt-in Box is a must. What are you offering in exchange for their contact information? Take a juicy free offer one step further and give them a CD or something to mail them, therefore getting their mailing address.

Email Signature: called a Sig. for short. Add your opt-in link to your email sig so they click and subscribe from your email.

Incoming calls: Ask everyone who calls your business if they are on your email list to receive promos and updates from you (make this personal for what you are offering).

Networking events: Get out, meet and greet, attend gatherings where people get together. Set a goal to actually connect with a certain key people at the event, with the intention of starting a relationship. Ask for their business card and if you can add them to your list.

Drawings: More than just giving away a gift, these babies are gold! Prospective clients that have taken time to give you their contact information because they like what you are doing, want your free gift (make it pertinent to your business) and are giving you permission to add them to your list. How? Because it’s written there and they check it. Participating in a booth at an event, having a drawing on your table with a fabulous prize is a win/win way to build relationships - in big numbers if you are smart!

Speaking: During a talk or lecture, offer something to the audience for free. Ask them to drop their card in the ‘bowl/box' for a chance to win. Make it a great and appealing prize! Or have the bottom of your handout be a "drawing slip" where they can quickly tear it off and pass it toward the front or drop in a box.

Social Media: Careful! You don't own these lists of 'friends, likes', etc. You can however send them an inbox message, thanking them for liking you and asking if they would like to connect further. Send them to your website or give the link to your opt-in box. This is list building from the SM platform.

Get Creative! Remember, your list is NOT to be used for countless business postings. Set up a follow-up 'system' so you have a process in place when you get a contact. Then work to build the relationship - reminding them of who you are - with content rich emails, a phone call or even coffee.

Mind the spam laws. Don't add someone to your list just because they handed you a card. Ask for permission always. Even with a drawing slip, I follow-up and make sure to thank them and say that I will be in touch, unless they opt-out of my mailings.

These are just a few ideas for growing and using your mailing list that can empower you to create marketing strategies for a successful business. It's all about having a system in place. Need help with one or more of these ideas? Get the template, the system, the how-to step-by-step process through Business Success Coaching with Linda Chollar. Let a coach take you easily around the curve and directly to the business traffic at the corner of Marketing and Profit.

Linda Chollar, AAEd, The Reflexology Mentor, is a certified business success coach and accredited educator who has maintained a private wellness practice and taught reflexology for 20 years. She provides continuing education and business coaching services exclusively for reflexologists. CE Classes offered via tele-class, webinars and live. Contact: linda@reflexologymentor and www.ReflexologyMentor.com
Use Local Media to Share about Reflexology and Your Practice

You are low on cash and advertising is expensive. People must know about you to find you.

I share professional business cards and brochures every opportunity I get, educating people on reflexology and helping them see the benefit for making it a priority in their lives. You probably do this as well, but growing our reflexology practices is often still a challenge. Here's a glimpse into an idea that may work for you.

In the Spring of 2011, my phone was ringing off the hook. It took just a couple of days to have my reflexology calendar booked 4 weeks out, and with a waiting list! Several of those folks are still my clients today. What happened to bring so much focus to my business? I wasn't advertising, it wasn't word of mouth, and the Goodyear blimp wasn't floating my banner over the city either.

This all happened when a writer for our local newspaper chose to get another perspective for the article he was writing on reflexology. His experience had been with an Eastern style reflexology group. At the last minute he googled reflexology in our city. We met a few hours later and he called a few of my clients. My practice received only a paragraph at the end of a second page article. Photos were of the other business and they left a digit out of my phone number. (It was corrected online and my website was included in the article.) Business poured in. Powerful quotes from my clients were a huge factor.

This most appreciated (although at that moment overwhelming) boost to my practice certainly aided in taking it to the next level. I hadn't spent a dime for promotion, and I had a waiting list! Today I do advertise to keep my name and, especially, reflexology in front of people on a regular basis. I also look for a variety of places to share news about my practice and reflexology.

As an example, a local restaurant publishes a quarterly newsletter that focuses on their customers. While it includes fun facts, some current events, and lots of photos of their patrons, they also feature a local business in each issue. We submitted Footsteps In Eden's profile, and there was another steady stream of calls and new appointments.

You may be thinking, “How do I get someone from a publication to find me and give me a call?” Footsteps in Eden has had a website from the start. The newspaper reporter Googled reflexology and found me – quite a blessing! Fact is: most likely you will need to be proactive to see this happen for your practice, as I did with the restaurant.

Many cities have numerous free publications that need content. In our city they are displayed in the entrance of the grocery stores, bookstores, and similar locations. Beside a large metro newspaper, there may be smaller community newspapers. Pick up some of these publications in your area. Consider how they might include you at no cost to you. Here are some suggestions for submissions.

Press Releases – These should be new “news”

☞ Upcoming events you are hosting
☞ New service offerings in your practice
☞ Updated hours
☞ New certifications
☞ As long as it is news and not “just an advertisement” about your business, many publications are happy to receive your story.

Many Publications have Event Calendars

To submit your events for inclusion on these, Google “event calendar (your city).” It is very important that you do a little research to find the appropriate editor/reporter/freelancer for the section in which you would like to be featured. Often the event calendar is handled by someone different than who you would submit your press releases.

Wishing you much success in spreading the word about your practice and about reflexology.

Lynn Watson is a board certified reflexologist with a background in advertising and public relations. Lynn, along with her graphic designer husband, Steve, and friend Gladys Strickland, a virtual assistant extraordinaire, have created Oxygen for Your Wellness Business - Equipping you to breathe new life, positive energy, and creative possibilities into your wellness practice. This article has been adapted from blog posts found on the website: www.WellnessBizOxygen.com. Several freebie tools and information along with other marketing goodies are found there.

fyi: 901-674-3934

www.reflexology-usa.org 13
ACARET NEWS

Meet Your ACARET Accredited Educators

By Sandra Nelson, Vice. President, ACARET

The Board of Directors of the American Commission for Accreditation of Reflexology Education and Training (ACARET) is honored to pay tribute to our reflexology educators. ACARET offers two accreditations to dedicated reflexology educators who qualify. The first, ACARET Accredited Reflexology Educator (AAEd). The second, ACARET Accredited Reflexology Curriculum, (AARC). One must achieve designation of AAEd before applying for the designation of AARC.

Congratulations to Corinne Corcoran from New Jersey for AARC Accreditation, and to Kelly Urso from Westerly, RI for AAEd Accreditation

Corinne Corcoran, AAEd, ACARET Accredited Reflexology Educator received accreditation for her 300 hour foot reflexology curriculum and is the third AAEd to be awarded the designation of AARC: ACARET Accredited Reflexology Curriculum.

Corinne is a reflexology instructor at Lourdes Institute of Holistic Studies located in Collingswood, NJ, is ARCB certified, is a nationally certified massage therapist and is NJ State licensed in bodywork. She holds a doctorate from Temple University.

Corinne started her studies at the Lourdes Institute in 1992, has taught holistic arts for over twenty years and is the author of My Forever Home: A Child's First Book of Yoga. Dedicated to quality education her achievement of AARC accreditation positions her as one of the charter educators in the United States to receive this honor. Corinne is now listed in the ACARET National Directory of Accredited Educators with AARC curriculum. Contact Corinne at corcoran309@comcast.net

ACARET encourages AAEd Accredited Educators to follow in Corinne's footsteps to acquire the AARC curriculum accreditation and join those who serve as role models for the profession and are dedicated to providing excellence in reflexology education.

Kelly Urso, BA, NBCR, AAEd, has been in private practice for 15 years and has been teaching a 200 hour certificate course in reflexology since 2009. With a passion for reflexology, Kelly supports improving educational standards and is in the process of expanding her program to 300 hours. Kelly’s current 200 hour course is approved by NCBTMB for 47 CEU's. She has also worked at Kent Hospital in Warwick RI in both the women's care unit and oncology providing reflexology to patients. Kelly is currently serving as the president of the Reflexology Association of Rhode Island, RARI. Before her position as president, she served on the RARI Board of Directors for two years. Contact Kelly at happyfootsies@yahoo.com or her website www.footprints-reflexology.com.

For a complete list of accredited educators, or if you would like to become accredited, please visit our website, www.acaret.org.
is sad to announce the passing of Dr. Marc Piquemal of a heart attack on April 13th.

Dr. Marc Piquemal was the director of the firm “Consultoria de Biofisica,” a clinic devoted to alternative medicine in Ascension, Paraguay. He graduated from Montpellier Medical School in France in 1986. Before moving to Paraguay he graduated as a specialist in “Primary health education in developing countries.”

After some years of western clinical practice he decided to learn about alternative medicine and studied acupuncture, homeopathy, phytotherapy, with some of them taken in Argentina and others in the USA. To have a better understanding of the physiological process of these alternative medicines and to mix oriental and occidental ways of thinking he decided to choose a new investigative tool: Biophysics.

Since the 1990s, he followed training courses that opened his mind to low level of energy in human beings. Unsatisfied about explanations of how alternative medicine worked, he went back to university, and in 1999, received a Bachelor degree in Electrical Engineering in Puerto Rico.

In his own words, Dr. Piquemal shared this story of how he came to study the effect of reflexology on the body: “Years ago, I met three patients in a short lapse of time with a lot of functional disorders. Two of them, after months of homeopathy and acupuncture, unfortunately without any health improvement, were surprisingly better. During anamnesis, I learned they went to a reflexologist and got satisfactory results. It was my first contact with the “world of reflexology.” The story of the third patient is a bit different, as it was an unconscious body response, so without what is called in medicine any placebo effect involved. After an automobile accident the third patient went into coma. In coma, despite the intensive care medical treatment, a kidney failure started with enuresis. This time, after the family asked me to do “something” to solve this critical situation, I contacted a reflexologist. After 20 minutes of treatment, the patient was still in coma but was well responding starting to urinate and a critical situation was saved!”

Dr. Piquemal first contacted ICR in 2004 and spoke at the ICR conference in Amsterdam in 2005 to a standing ovation. He delivered the results of his research on the Global effect of Reflexology on Blood Flow. In 2005 he received the ICR Research Award. Not a reflexologist but a medical doctor and researcher, in 2007, he produced four more studies on the mechanisms through which reflexology works for which he received the Special Recognition Award from ICR at the conference in Cairns, Australia. These studies included:

1. The Evaluation of Digital Pressure in Reflexology. Two questions under investigation were: Does the intensity of pressure applied to the skin of the feet produce a standard thermal neurovascular response on the soles? And is a thermal response to each projected area triggered according to the amount of digital pressure applied?

2. Reflexology and Climatic Influence. The goal was to find out if Reflexology could help inform the body that some organs are not functioning optimally when a meteorological change occurs. The climatic parameters chosen were atmospheric pressure, temperature, and the moisture in the air.

3. Study of Reflexology and Blood Pressure This study looked at determining the relationship that might exist between pressure that is applied to the feet and any changes in blood pressure resulting from it.

4. Research conducted to show the influence of reflexology on the cardiovascular system.

All of these were subsequently published by ICR along with two new studies in 2013. In the March 2014 issue, further research on reflexology’s effect on heart rate due to climatic parameters using a thermal scanner and a RR interval variation measuring device was published. Dr. Piquemal’s most recent study involved reflexology and meteorology changes. His studies are important and unique in that they investigated reflexology’s physiological influence on the body (methodical studies) rather than its efficacy (outcome studies) which has been proven many times. Dr. Piquemal also presented his research findings at the Reflexology Association of America’s 2010 conference held in Denver, Colorado; again to a standing ovation.

Dr. Piquemal leaves behind a wife and 5 children. He made incredible contributions to the field for which he will always be remembered and his family can be proud of his accomplishments on behalf of reflexology. ICR expresses its condolences to the family on the loss of an exceptional and dedicated researcher.

By Christine Issel
In May, 2010, Dr. Marc Piquemal was a presenter at the RAA Conference in Colorado. We are saddened by the passing of this man and his brilliant work. We are grateful to have been able to benefit from his research. Below is the copy of his presentation as it appeared in the conference book at that time.

Marc Piquemal, M.D., EE

Dr. Marc Piquemal is a 1986 graduate of Montpelilier Medical School in France, and also graduated as a “specialist in primary health education - developing country.” Dr. Piquemal is currently the director of “Consultoria de biofisica” a South American clinic in Paraguay devoted to alternative medicine, with reflexology being part of the treatment plan in his clinic.

Dr. Piquemal is trained in acupuncture, homeopathy and physiotherapy. He first learned of reflexology more than 25 years ago.

He decided to utilize an investigative tool: Biophysics. He has conducted many studies related to reflexology and continues in his research endeavoring to better understand reflexology and discover the physiological clues of how it works. He graduated with a Masters Degree in Neurosciences, in 2008.

Study: Reflexology and Climate Influences Session

INTRODUCTION
As the body works hard to preserve life it tries to manage an “energy budget” in a chemical/physical sense of the word. This constant exercise is controlled by the metabolism, homeostasis. Mechanisms involving the immune system, circulatory system, involuntary nervous system and hormones reduce to the most economical level all the waste that the cells need to sustain the life process. Not only is this effort done by the different organs of the body and their interaction during physiological processes but they also include changes in the environment in which the body is developing.

Our goal is to understand if reflexology can help to inform the body that some of its organs are not already functioning at their highest level of efficiency during climatic changes.

Atmospheric pressure, temperature and hygrometry parameters were used for the following.

MEANS AND METHOD
Two devices were used to measure the changes that reflexology generates on the body.

A thermal scanner was used first to measure the projected zones on the feet to match the projected zones of the body. The thermal changes were measured before, during and after massaging the soles of the feet.

Graph 1 was used to locate the different organ projected zones.

The scanner evaluates the changes in the vasomotricity of the organs in the abdomen and thorax. The second device measures the heart rate variability (HRV), physiological indicator of Autonomic nervous system (ANS). The Polar model 810 I uses a reading and calculation program from the applied physics department of the University Kuopio in Finland. Similar to the thermal scanner, the operation of ANS during the same steps of a reflexology session is measured. These readings help to appreciate the reciprocal influence on the ortho and parasympathetic components of the involuntary nervous system. With these measurements we can evaluate the responsibility of these two components in corporal energy loss (waste). The ratio of orthosympathetic to parasympathetic for optimum neurological efficiency on the heart and blood circulation must be between 1.5 and 2.
Method

After undergoing a simple health evaluation, 13 subjects in the control group of different social and economic backgrounds were studied. After being seated for 5 minutes of rest period, the thermal scanner was applied to the soles of both feet. Then in the same position, the cardiac variation of the heart rate variability is measured over a 5 minute period. Ten minutes of massage is performed on sole of the right foot, subject resting in supine position. In this position the heart rate variability is again recorded over a 5 minute period. The same is repeated for the sole of the left foot. The thermal scanner is then applied to both feet at the end of the session with the subject in a seated position.

The end of each session compiles 2 kinds of data:

- Climatic data of the reflexology treatment - the meteorological environment including temperature, atmospheric pressure and hygrometric relativity.
- Two varieties of biometric data. Thermal data by applying the thermal scanner to the soles of the feet allowed verifying the local cutaneous vasomotricity and the vasomotor reactions according to each organ projected zone of the soles of the feet. Then data compiled from a spectral analysis of HRV evaluated the respective participation of the two components of the involuntary nervous system in its collective effort to regulate organ functions. Blood pressure and pulse are added.

By using this correlative statistical analysis, a relationship between the dependence of certain climatic data and biometric data after only one reflexology session is trying to be established.

By using this correlative statistical analysis, a relationship between the dependence of certain climatic data and biometric data after only one reflexology session is trying to be established.

<table>
<thead>
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<td>999</td>
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<th>Right Max</th>
<th>Right Min</th>
<th>Pulse before</th>
<th>Left Max</th>
<th>Left Min</th>
<th>Right Max</th>
<th>Right Min</th>
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Results

We proceed with statistical correlative analysis between 2 matrices of the 13 subjects (lines) and one column. The first matrix (column) includes one of the 3 climate parameters at the moment of each one of the 13 sessions. The second matrix (column) includes thermal data of the sole or relates to the heart rate variability. Here two correlative analyses are lead: one is to correlate change in climate parameters versus thermal change in specific projected area of the sole. The second analysis attempts to correlate thermal change of specific area of the sole to ANS changes. So for the second correlative analysis, there exist 2 sources of data coming from patients:

- A specific organic source. This is related to the thermal data of the soles of the feet for each of the projected areas: lungs, thyroid, heart, stomach, small intestine, transverse intestine, ascending and descending colon, pancreas, liver and kidneys.
- A global source reflecting ANS state (coming from of heart rate variability).

1) Results of correlative analysis between thermal changes of the sole versus climate parameters

Table I. Example of the results of correlative analysis of lung projected area of the soles of the fee versus climate parameters, for the 13 subject’s population.

<table>
<thead>
<tr>
<th>Lungs</th>
<th>Corr Right/ Temperature</th>
<th>Corr Right/ Atm pressure</th>
<th>Corr Right/ Hygrometry</th>
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</thead>
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<tr>
<td>Lungs</td>
<td>0.31</td>
<td>-0.55</td>
<td>-0.19</td>
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According to the chart, the correlative analysis between thermal variation of the lung projected area on the soles of the feet is valued at negative -.55. It mentions that the closer the correlative indicative approaches the number 1 the more the relationship between the two data matrices thermal/climate is strong, the value of 0.5 being the threshold of sensitivity to speak of a dependency between these two variables.

Only one relationship could be established between the thermal variations observed at the beginning and end of the session on lungs area of the right foot and atmospheric pressure. A mild (-0.55) negative relationship is recorded demonstrating that the variation of atmospheric pressure inversely acts in proportion to the thermal (vasomotor) change of the projected lungs area. In other words, the higher the atmospheric pressure, less the projected lungs area needs to change, in terms of vasomotricity.

2) Results of Analysis of the statistic parameters of the heart rate variability versus thermal changes of the feet areas.

The data of the heart rate variability can be analyzed by 2 ways:

In the time domain where statistical data is taken directly from the database, data expressed in milliseconds, the heart rate variability measures the time difference between two positive peaks of the QRS complex of two successive cardiac revolutions, over 5 minutes ECG.

Since the analysis of the heart rate variability is measured over a short time frame the SDNN index is taken into consideration, that is, the standard difference between the total time of the two distinct time intervals between the two ventricular cardiac contractions.

⇒ measuring frequency or more commonly known as spectral analysis. The advantage of this data, which consists of determining which are the frequency generators whose combination allows you to assemble the signal captured in time, is that it allows to isolate and identify the intensity of the protagonists. In the spectral analysis of the heart rate variability we were able to isolate three large frequency groups each identified by its own frequency. In this way we can speak of the spectral component of VLF for Very Low Frequency whose physiological support cannot be correctly identified. This is generally the commonly registered signal, below 0.04 Hz. The two other spectral components have been associated with the modulation of the involuntary nervous system. The LF component (for Low Frequency) which reads between 0.04Hz to 0.15 Hz, is related to the mixed activity of the orto and parasympathetic. The HF reading (for high frequency) includes frequencies between 0.15 Hz and 0.4 Hz. This reads the activities of the ortosympathetic. Since the spectral frequency permits evaluation of the collective power of each frequency group and the fact that the VLF group cannot be interpreted as physiological activity, the two normalized parameters of LF and HF are generally used. Normalization consists of studying the value of each component with respects to the total power minus the VLF component. In this way the LF and HF normalizing components better represent the two arms of the SNV.
Exploring the relationship in the time domain.

The relationship that was established in the time domain shows that the activities of the SNV on the heart appear to be more homogeneous in the statistical group after a reflexology session with relation to the variable temperature. In other words the reflexology session, taking into consideration the environmental temperature variation, has a tendency to produce a more statistically homogeneous behavior in regulating the vegetative nervous system in the group study. The correlation index is 0.61. As temperature rises, cardiac frequency accelerates (heart rate variability is reduced), common physiological knowledge. Interestingly the reflexology session regulates physiological behavior as a whole which was not shared initially between the participants.

<table>
<thead>
<tr>
<th>Temperature</th>
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<th>Cor SDNN3/Right</th>
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<tbody>
<tr>
<td></td>
<td>-0.20</td>
<td>-0.07</td>
<td>-0.61</td>
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Frequencies

There exist three frequency groups. Two correlations seem to unite the meteorological data with the HL components (orthosympathetic) and parasympathetic. There exists a strong relationship between the temperature and the involuntary nervous system (orthosympathetic) at the beginning of the group study. In a country with a tropical climate it is normal to expect a preponderant action of the parasympathetic, and the benefit of this action that peripheral vasodilatation phenomenon occurs accompanied by an acceleration of cardiac frequency to “evade” with better efficiency the added calories that the environment provides. This data and the absence of any observed relationship observed in the end between the same variables is not contradictory. In fact cardiac acceleration combines a double control mechanism that involves both SNV components, contrary to the spasticity that involves only the orthosympathetic.

The other relationship is found between the VLF and hygrometry however only a the beginning of the session. This relationship is lost as the session progresses. Since the VLF frequency is not clear with respects to physiology, this existence is only mentioned.

Conclusion

The statistical study, using 13 subjects, in good health (simple clinical studies used), using a passive double instrument reaches a series of conclusions. One session of reflexology was applied and certain climatic changes.

The thermal analysis of each area of the foot soles, while searching thermal variations resulting from a reflexology session demonstrates that:

— Each projection zone results in an individual vascular behavior, due to the reflexology session.

— One zone, the pulmonary projection zone, shows a relationship with atmospheric pressure. The relationship is negative and not symmetrical even if the pulmonary projection zone appears on both soles. Everything seems to demonstrate that the subject behavior, after massaging the foot soles, is homogeneous with respects to atmospheric pressure in terms of pulmonary spasticity adaptability.

Globally, by appreciating the intervention of both fields of the involuntary nervous system, orto and parasympathetic, and with respects to climate temperature variation, the following is observed. After only one reflexology session, the global behavior of the studied patients changed. Regulation occurred to the point where a good physiological behavior was recovered that was previously lacking before the reflexology treatment. As the temperature changes the interventions of the involuntary nervous system also changes, who’s function is to increase the heart beats in proportion to the increase in temperature. With both results there is a statistical conclusion that points to the regulatory effect that reflexology can have on the cardio-pulmonary system.

Summary

Two passive ways of investigation (termography and Heart rate variability) are used to correlate change in climate and physiologic human adaptation, after a unique reflexology session. Mathematical correlations are established between change in atmospheric pressure and termography change in pulmonary foot area as well as temperature and cardiac frequency acceleration. Reflexology seems to be an effective way for improving human physiology mechanism to climate changes, in tropical condition.
Case Study: The Effects of Hand Reflexology on Functional Fine Motor Skills in Adults With Brain Injury

Conducted at Brooks Clubhouse, Jacksonville, Florida, USA (February – April, 2014)

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Research: This study was organized to assess the functional therapeutic value of hand reflexology as a means to improve functional fine motor skills in persons who have suffered Traumatic Brain Injury (TBI).

Literature review of Reflexology and Rehabilitation Research uncovered no studies directly looking at hand reflexology and effects on functional upper extremity skills with this population.

Studies were found on the traditional use of occupational therapy interventions (example Neistadt, 1994), however, no studies were found with the pairing of reflexology and occupational therapy. Traditional occupational therapy usually involves a therapist choosing tabletop or functional activities for coordination retraining by using activity analyses that identifies fine motor coordination as a skill component of a given task (Neistadt, 1994). Other researchers have suggested that motor learning is also relatively specific in adults with brain injury, unless training is conducted with a variety of tasks and in a variety of settings (Duncan, 1991; Poole, 1991; Sabari, 1991). Is it possible that reflexology, without additional more traditional therapies, has the ability to increase functional fine motor skills or is the greatest functional gain seen in the pairing of reflexology with occupational therapy?

Selection process: The study was conducted at Brooks Clubhouse in Jacksonville, Florida. Brooks Clubhouse is a full-time day program that provides for the long-term recovery needs of individuals who have suffered from an acquired neurological injury. For more information about the facility visit www.brookshealth.org/why-brooks/communityservice/clubhouse.

A team consisting of Certified Reflexologists Ken Cook of Gainesville, Florida, and John Guinta of Jacksonville, Florida, performed the reflexology sessions. Certified Reflexologist and Occupational therapist Christy Ruggiero conducted the screening and measured the progress of the participants. Karen Ball, Director of the Academy of Ancient Reflexology in Saint Augustine, Florida provided oversight and review.

The study was conducted over a 12-week period from February to April 2014. Each participant received a weekly 45-minute hand reflexology session. Pre- and post-study evaluations would include: functional daily living skills of participants, non-standardized 7-hole pegboard activity (fine motor skills), and informal interviews with participant, participant’s family and clubhouse staff regarding level of functioning. We chose Hand Reflexology because: a) we could find no other studies using this approach and, b) because of the ease of access to the hands versus feet.

The selection of candidates was determined after Christy Ruggiero reviewed the medical histories and treatment records of the potential participants, talked to Clubhouse staff, reviewed participant availability and transportation challenges, and completed above stated Pre-Evaluation. Christy discussed her findings with Ken Cook, John Guinta and Brooks Clubhouse Manager, Kathy Martin. The initial selection included eight participants; six primaries and two alternates. Ultimately six candidates were selected to participate.

Subjects: The six subjects selected for the study, while all suffered from TBI, had different types of injury, different degrees of impairment, and different post injury and post treatment times. As a result this study could also be viewed as six individual studies. Here is a brief synopsis of the health/history of each subject in the study as it pertains to this study:

Subject#1: Female Age 77
History: Patient had a left Cardiovascular Accident (CVA) April 2008. Patient completed formal rehabilitation program in November of 2011: occupational therapy (OT), physical therapy (PT) and speech therapy (ST). Subject has cognitive challenges as well as difficulty with verbalization and expression. Slow upper extremity (UE) function.

Subject#2: Male Age 29
History: Patient has primary diagnosis of TBI secondary to Motor Vehicle Accident (MVA) with history of seizures since accident February 2009. Patient continues to receive ongoing therapies. Right UE tremors and partially flexed right hand (RH).

Subject #3: Male Age 26
History: Patient had a TBI secondary to a MVA August 2008. Patient was in a coma for 2 months following accident. Patient completed formal rehabilitation program in 2009 (OT, PT, ST). Left UE challenges, partially flexed left hand (LH).